



## Junior Volunteer Application

### BASIC INFORMATION (All fields are required)

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ (CELL) \_\_\_\_\_  
E-MAIL \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
School \_\_\_\_\_ Address \_\_\_\_\_  
Career Interests \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Is a family member an employee of LIVIA?  
Y/N \_\_\_\_\_ where? \_\_\_\_\_

### Parent's CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
NUMBER(S) \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
NUMBER(S) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### AVAILABILITY (Please check all that apply)

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY  
 SATURDAY     SUNDAY  
 MORNINGS     AFTERNOONS     EVENINGS

### WHICH DEPARTMENTS WOULD YOU BE INTERESTED IN VOLUNTEERING?

Lifestyle Engagement (Activities)     Special Events  
 Culinary (Food Service)     Marketing/Photograph  
 Reception     VOLUNTEER WHERE NEEDED  
 Art Gallery



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In your own words please tell us why you would like to volunteer (50 word paragraph )

Are you fluent in any language other than English? Yes / No

If so, what language?

PLEASE DESCRIBE ANY SPECIAL TALENTS, INTERESTS, HOBBIES, OR SKILLS YOU POSSESS THAT MIGHT BE USEFUL IN YOUR VOLUNTEER EXPERIENCE AT LIVIA.

ARE THERE ANY PHYSICAL LIMITATIONS THAT WE SHOULD CONSIDER BEFORE ASSIGNING YOU A POSITION? PLEASE DESCRIBE.

PREVIOUS OR CURRENT WORK/VOLUNTEER EXPERIENCE:



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### Criminal History

Have you ever been convicted or pleaded guilty to a crime or criminal offense, other than a minor traffic violation, which has not been expunged or sealed by a court? Yes / No

If yes, please explain:

Are you able to undergo mandatory screening and requirement, including: Physical (done at your cost), two tuberculosis tests, criminal background check, interview, orientation, and School Recommendation, Vaccination Records.

(process takes up to one month from the interview)? Yes / No

### Please list your top three position or areas for volunteering:

- 1.
- 2.
- 3.

Have you already made contact with a person or department at LIVIA regarding a specific volunteer position? Yes / No

If so, please list the name of the person, the phone number, and the volunteer position.

Name: \_\_\_\_\_ Department/Position: \_\_\_\_\_



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### Applicant Authorization

I understand that completing this application and/or the interview/screening process are not promises of an offer of assignment. As a volunteer, I have no expectation of compensation for services provided. If I have provided false or misleading information, I acknowledge that LIVIA may terminate any volunteer assignment immediately.

### VOLUNTEER AGREEMENT

I understand that, as a volunteer, I must abide by the rules and regulations of LIVIA including the dress code and will be willing to serve at least three hours weekly in whatever service I am assigned. I agree to donate a minimum of 50 hours of service before I receive a letter or recommendation. I understand and agree that once I sign in for my shift, I may not leave LIVIA until the shift is over without the approval of a parent/guardian or the Director of Lifestyle Engagement. Once I leave the LIVIA grounds, I understand that LIVIA will not be held responsible for me.

Date: \_\_\_\_\_ Applicant's signature \_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

### PARENTAL CONSENT

My son/daughter may serve as a Jr. Volunteer at LIVIA. I understand that final placement is contingent upon satisfactory completion of all pre-placement procedures including attendance at the entire scheduled Jr. Volunteer Orientation. In addition, I understand the importance of dependability and responsibility in the assignment. I will cooperate by providing transportation and seeing that he/she maintains the scheduled time and dresses following the LIVIA dress code. I understand that my son/daughter must donate a minimum of 50 hours of service before he/she will be provided with a letter of recommendation. I understand that my son/daughter may not leave LIVIA once they have signed in prior to the shift ending without my permission or the permission of the Director of Lifestyle Engagement. I agree that if my son/daughter does leave the LIVIA prior to his/her shift ending, LIVIA will not be responsible for my song/daughter.

Date \_\_\_\_\_ Parent's signature \_\_\_\_\_

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AN INSTRUCTOR OR GUIDANCE PERSON AT THE APPLICANT'S SCHOOL MUST FILL IN THE INFORMATION BELOW. THIS PERSON SHOULD THEN FORWARD THE ENTIRE APPLICATION TO  
MAIL: LIVIA at East Hanover

1 South Ridgedale Avenue  
East Hanover, NJ 07936  
Attn: Lifestyle Engagement  
Or EMAIL: [lifestyle@livia-health.com](mailto:lifestyle@livia-health.com)



## Junior Volunteer Application

### CONFIDENTIAL RECOMMENDATION FOR JUNIOR VOLUNTEER

Student's name \_\_\_\_\_ Grade in school \_\_\_\_\_

Please Rate:

Excellent/ Good /Average /Below Average

Attendance

Scholastic Record

Dependability

Courtesy

Willingness

Initiative

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

Print Name \_\_\_\_\_

TITLE \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_ EMAIL: \_\_\_\_\_

If you have questions, please call Lifestyle Engagement at 973.995.6700 x 5113

[lifestyle@livia-health.com](mailto:lifestyle@livia-health.com)

*We appreciate your interest in Livia!*